

NEL -level 1 diabetes education

Adeel Ansari

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Jyoti Sood

- While you are joining
- What's your role:
 - Receptionist
 - Practice administrator
 - Practice manager
 - GP assistant
 - HCA
 - Social prescriber
 - Health wellbeing coach
 - School nurse
 - Care home admin
 - Care home nurse

Did you know?

- 4.6million people in UK have diabetes
- One in 10 people (over age 40 year) in UK have diabetes
- Someone is diagnosed with diabetes every 2 minutes
- Number of people with diabetes has double in 20 years
- NHS spends at least £10 billion on diabetes every year (10% of budget)

(Diabetes UK)

- What do you know about diabetes?
- What is your experience with diabetes at work?
- When you hear diabetes- what things about diabetes come to your mind?

Objectives...

To get understanding of...

What is diabetes?

Different types of diabetes?

The annual review

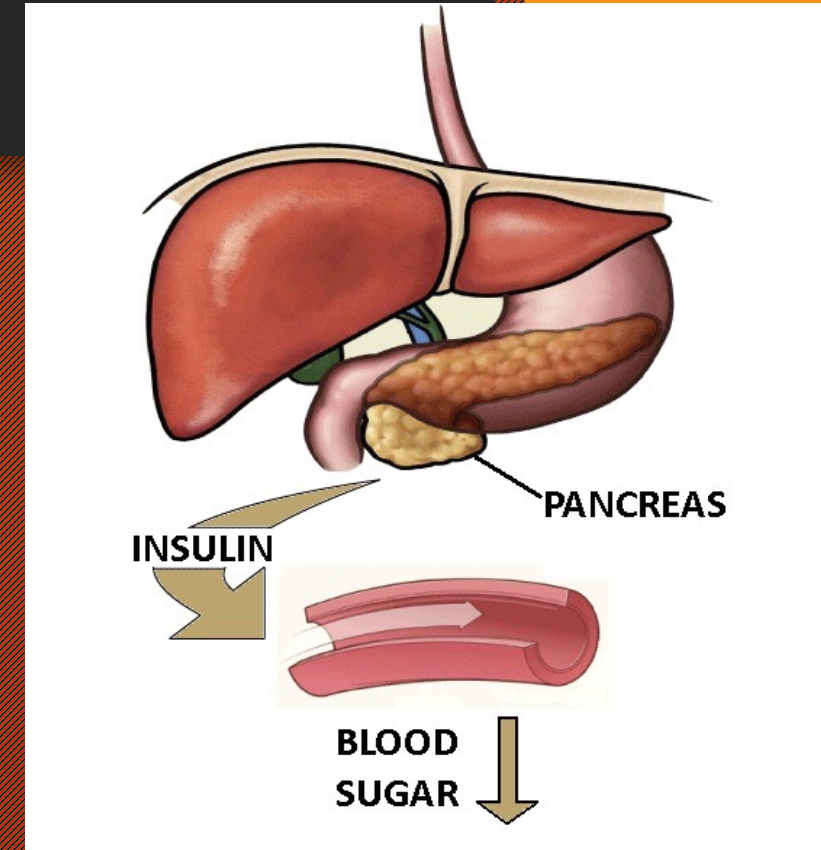
Local resources

The terms of hypoglycemia and hyperglycemia

Footcare

- What is diabetes?
- High sugar level (glucose) in the blood

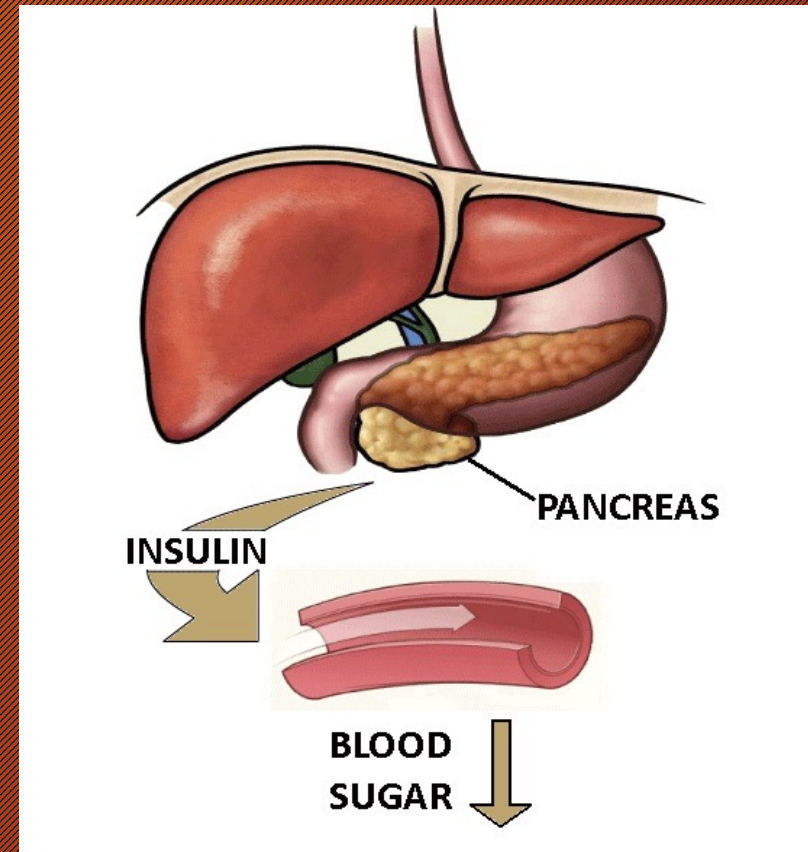
- Pancreas, insulin, glucose.
 - Pancreas gland
 - Secretes insulin
 - Regulate glucose level
- We need glucose
- glucose gives us energy
- We get glucose when we break down the carbohydrates that we eat or drink
- And that glucose is released into our blood.
- Insulin allows glucose in our blood to enter our cells and fuel our bodies



- Visual learner



- In Non-diabetic: body secretes the amount of insulin it needs to maintain normal blood glucose level
- In patients with Diabetes: the above process is 'faulty'- resulting in the high glucose levels



Types of diabetes

- Several types- most common include
 - 'Type 1 diabetes' and 'Type 2 diabetes'
- Type 1 diabetes- approx. 10% of diabetics, usually younger patient at diagnosis.
 - patients do not have insulin- insulin producing cells destroyed and they are unable produce any insulin.
 - These patient need to treat diabetes with insulin
- Type 2 diabetes- approx. 90% of diabetics, obesity is a major risk factor
- These patients still make insulin but the insulin does not work properly, and / or there is not enough insulin
- Gestational diabetes - diabetes that develops during pregnancy, and usually resolves after delivery

Question

- Question 1):
- You come across Mr Jones 62 year old patient and you note he is injecting insulin 4 times a day
- Do you think he has:
- A) Type 1 diabetes
- B) Type 2 diabetes
- C) any of the type of diabetes

Annual review

- Why talk about annual review?
 - We all play a very important role in getting this done
 - Tests need booking- to have the review they need the tests/ checks booking
 - you have a very important role in getting these done
 - With better understanding of the importance of these tests are done, I feel you will be better able to support patients in getting these done

Annual Diabetes Review

- Why is it done?
- What does it involve?

Annual diabetes review

- Question 2):
- Mr Jones has come for his annual review.
- Which of the following is an important part of the annual review:
- A) eye review
- B) kidney review
- C) foot check review
- D) all of the above
- E) none of the above

Annual Diabetes Review

- Why is it done?
- What does it involve?

- Monitor the glucose control/ monitor diabetes
- Diabetes complication: diabetes causes damage to the small vessel (kidney, eyes, feet) and large vessel (heart disease disease, stroke)
 - Prevent development of complications
 - Early identification of complications
 - Reduce/ delay progress of complications

What is part of annual review?

- Review of medication
 - Once on medication for diabetes- prescription exemption. awareness
- Review of diabetes control- HbA1c blood test (glycated haemoglobin)
 - What is HbA1c?- glucose in the blood attaches to the red blood cells- measure of glucose in the blood in the last 3 months
 - Frequency : every patient / case is different
 - Minimum interval after 8-12 weeks - lab will reject (unless for diagnosis - need to mark on form)

What is part of annual review?

- BP review
 - Reduce risk of developing/progression of complications
- Cholesterol review : 'fasting lipid profile'
- Kidney screening:
 - Blood test: renal function (creatinine, eGFR)
 - Urine test: urine ACR (label correctly including time of sample)
 - 'yellow syringe sample container'

- Feet check
 - Nerves to feet - neuropathy
 - Blood supply to feet
 - Risk of ulcer/ not healing/ amputation
- Smoking
 - Do they smoke? Support with smoking cessation. Social prescribing?
 - Reduce risk of developing/ progression of complications
- Weight / BMI
- Eyes screening (retinal screening)
 - For diabetes eye disease ('retinopathy')
 - Done in community centres
 - Should be referred on diagnosis
 - retinal screening teams do pick up patients with diabetes not already referred

- Familiarize yourself

- Blood forms
- HbA1c - for glucose control - not sooner than 8-12 weeks (unless particular asked by the dr- and they will need add reason)
- Fasting blood test for lipid profile
- Renal function U&Es
- Urine ACR - early morning

COMBINED PATHOLOGY GP REQUEST FORM		Barking Havering & Redbridge Hospitals NHS NHS Trust	
NHS No: Not known Surname: Emis Dummy Forenames: Dorothy Address: 364-370 Ripple Road, Barking, Essex, IG11 7RJ Tel: Home: Tel Mobile: Sex F D.o.B: 02-May-1979 Relevant clinical details:		HAVE YOU IDENTIFIED A LOCATION FOR THE REPORT?	
		Requesting Doctor: ANSARI, Shaheen (Dr) 364-370 Ripple Road Barking Essex IG11 9RS	Drop No- BD 18
High risk			
Yes/No			
Date: 27-Jul-2023 Time: 3:19pm		Specimen Type: Blood / MSU / CSU / Faeces / HVS Urine / wound swab / throat swab / other	
		Private NHS	
BIOCHEMISTRY		HAEMATOLOGY	
IMMUNOLOGY		MICROBIOLOGY	
<input checked="" type="checkbox"/> U & E	Full Blood Count	Rheumatoid factor	M, C & S
Liver profile	ESR	Thyroid antibodies	Mycology
Bone profile	Paul Bunnell	Immunoglobulins	Parasitology
Glucose	Clotting screen	Protein electrophoresis	Chlamydia
Glucose Tolerance Test	Malaria film	Antinuclear antibodies	H Pylori
Total T4	Hb electrophoresis	Parietal cell / IP abs	
TSH	Ferritin		
Cholesterol	Serum B12		
<input checked="" type="checkbox"/> Full fasting lipids	Serum Folate		
Urate			
PSA			
CRP			
Albumin creatinine ratio			
FSH / LH			
Prolactin			
<input checked="" type="checkbox"/> HbA1c			
Creatinine kinase			
Urine Microalbumin Albumin/Creatinine Ratio	Other	Other	Other
For laboratory use only		Please note: Tests for viral studies, rubella serology or HIV testing require a specific, separate form	

At Queen's Hospital: between 8.00am and 4.45pm Monday to Friday. King George Hospital: 8.30am - 4.30pm

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		Private/ NHS	
BIOCHEMISTRY	HAEMATOLOGY	IMMUNOLOGY	MICROBIOLOGY
U & E	Full Blood Count	Rheumatoid factor	M, C & S
Liver profile	ESR	Thyroid antibodies	Mycology
Bone profile	Pauli Bunnell	Immunoglobulins	Parasitology
Glucose	Clotting screen	Protein electrophoresis	Chlamydia
Glucose Tolerance Test	Malaria film	Antinuclear antibodies	H Pylori
Total T4	Hb electrophoresis	Parietal cell / IF abs	
TSH	Ferritin		
Cholesterol	Serum B12		
Full fasting lipids	Serum Folate		
Urate			
PSA			
CRP			
Albumin creatinine ratio			
FSH / LH			
Prolactin			
HbA1c			
Creatinine kinase			
xx Urine Microalbumin Albumin/Creatinine Ratio	Other	Other	Other
For laboratory use only		Please note: Tests for viral studies, rubella serology or HIV testing require a specific, separate form	



- Local resources

- Social prescribing
 - Healthy lifestyle
 - Exercise
 - Smoking cessation
- Local patient support groups:
 - Barking and Dagenham support group
 - Check with your diabetes lead for your local groups


- Diabetes UK

- Local groups
- Resources on website
- Ranging from: Recipes, diet, Looking after diabetes

local diabetes resources

News Images Videos Books Maps Flights Finance

About 170,000,000 results (0.27 seconds)

 Diabetes UK
https://www.diabetes.org.uk/how_we_help/local_s...

Local support groups | Diabetes UK

Find your **local Diabetes UK** group **Diabetes UK** has active support groups working **locally** all over the United Kingdom. Groups typically meet once a month, but ...

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LOCAL SUPPORT GROUPS

DIABETES UK IN YOUR AREA



Find regional contact information, your local support groups and activities near you. [Find now](#)



Find a team near you

Barking And Dagenham

Displaying 4 results for "Barking And Dagenham"

Sort by:  

Havering

[View details](#)

Ilford & District

[View details](#)

Barking & Dagenham

[View details](#)

Bexley

[View details](#)

Question:

Question 3)

The Doctors surgery is running late. You know Mrs Patel is a patient with diabetes who uses insulin. She is 3rd to be seen. Mrs Patel has come to reception to say that she is feeling dizzy and has requested a glass of water. What would you do...

- A) give a glass of water and advise to wait
- B) give glass of water and let the doctor know
- C) do nothing and advise to wait

-

The terms hypoglycaemia and hyperglycaemia

- Hypoglycaemia
 - Low blood glucose - reading below 4mmol/l
 - Symptoms: feeling hungry, heart beating fast, sweaty, dizzy, shaky, feeling odd, confused, to collapse/ coma
 - Seen in A+E with hypoglycaemia or ambulance letter that have had hypo
 - Urgent review - ideally with diabetes lead/ diabetes nurse in surgery
- Hyperglycaemia
 - High blood sugar
 - Symptoms: passing urine more frequently/ urine at night, feeling very thirsty, weight loss

Diabetes Foot care for non clinical health professionals

Diabetes Foot care

Learning Objectives

- Understand the importance of diabetes foot care
- Recognise the signs of serious/worrying foot problems
- Signpost the patients to appropriate care pathway
- Understand the call - recall system
- Understand the GP IT system alerts and able to sign post the patients

Diabetes Foot Care

Someone with diabetes is **20 times** more likely to experience an

amputation. Diabetic foot disease is a

preventable disabling condition associated with reduced life expectancy, lowered quality of life, and increased healthcare expenditure. It is more common in individuals with

poor diabetes control or other **risk factors**

e.g. elderly, frail, living in care homes, known to have nerve

damage. The risk for foot ulceration is increased in those with advancing age, presence of neuropathy and/or peripheral vascular disease, immobility, and other chronic dependent states

I have pins and
needles in my feet

I have a
blister on
my left
foot

My feet and legs are
painful



Diabetes Foot Symptoms

SERIOUS SYMPTOMS	WORRYING SYMPTOMS
Change in colour or shape of feet	Loss of feeling in the feet
Cold or hot feet	Pain or ache in the feet or legs
Blisters	Swollen feet
Open wounds	Loss of hair in legs /shiny smooth skin
	Cramps in calves

Principles of good foot care :care home /social care teams

- Visual check daily
- Examination by a healthcare professional annually
- All staff involved in the care of patients with diabetes to have relevant training and competency
- Following screening and assessment - Foot Risk stratification

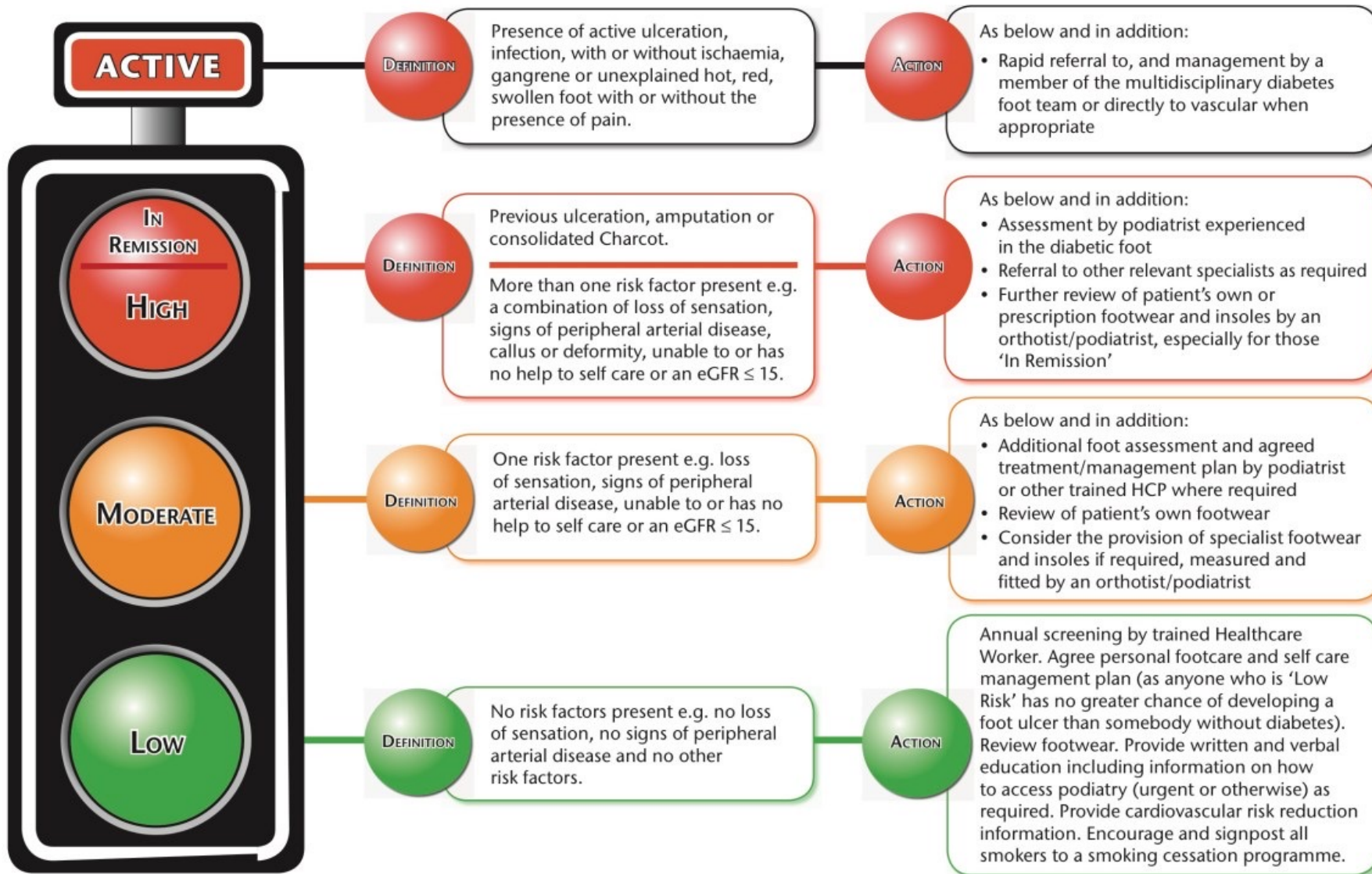
Visual check : non clinical professionals

- Changes to skin colour
- Health of skin between the toes
- Toenails
- Cuts , blisters ,calluses or sores
- Discharge of fluid or pus
- Foul smell
- Swelling

What is good foot care : Care home staff

- All care staff should have basic knowledge of diabetes and care homes should ensure staff supporting residents with diabetes are competent to care for these residents.
- Care staff who deliver personal care to residents living with diabetes should be aware of the diabetes care plan relating to 'foot care' and the need for feet to be inspected every day.
- Care home managers to ensure podiatry access/arrangement of transport

DIABETIC FOOT RISK STRATIFICATION AND TRIAGE



	Status
DALL, Yusra (Ms)	
document (06-Jul-2023)	
DALL, Yusra (Ms)	
almolog (30-Jun-2023)	
BEGUM, Shumina (Miss)	
484758	
<p>IS Digital Weight Management Programme', to help you develop healthier eating habits, be more active and lose weight. The programme he programme if you have a smartphone or computer with internet access. If you would like to be referred, please contact the surgery. .england.nhs.uk/digital-weight-management/</p>	
GUPTA, ANJU (Dr)	
ormal - No Action	
- Normal - No Action	
RAHMAN, Abir (Mr)	
4758	
<p>od tests. Please note that blood tests are done by appointment only. Please Book online: https://10to8.c 555 1045 (Lines are open from 8am - 4pm only).</p>	
entre)	
RAHMAN, Abir (Mr)	

- ▲ Pulse Check due CEG 23/24
- ▲ Incomplete 8 Care Processes CEG...
- ▲ No code for Main language
- ▲ Pneumococcal Vaccination recom...
- ▲ Latest IFCC HbA1c 79 mmol/mol
- ▲ Offer Diabetes UK Information Pre...
- ▲ COVID-19: Eligible for autumn bo...
- Patient on QOF Registers

Incomplete diabetes care ...click on the “?”

Poor diabetes control

Main health conditions - diabetes , hypertension heart failure

Add / Edit Find Actions QMAS View

[CR - 35](#) [Test Requests - 4](#) [Referrals - 6 \(2\)](#) [Documents - 70 \(9\)](#) [GP2GP - 132 \(132\)](#) [Medicine Management - 14 \(7\)](#) [Registration - 770 \(14\)](#) [Lab Reports - 150 \(88\)](#) [Tasks - 156 \(20\)](#)

New priority Workflow Items received - Tasks, Lab Reports, Registration, Medicine Management, GP2GP, Documents, Referrals

GP Contract - QOF

- GP Contract - QOF
 - GP Contract Apr 2024 - V48 Release 1.2
 - Clinical Indicators
 - Asthma
 - Atrial Fibrillation
 - Cancer
 - CHD
 - Cholesterol
 - Chronic Kidney Disease
 - COPD
 - Dementia
 - Depression
 - Diabetes
 - Epilepsy
 - Heart Failure
 - Hypertension
 - Learning Disabilities
 - Mental Health
 - Non-Diabetic Hyperglycaemia
 - Obesity
 - Osteoporosis

How Am I Driving? (18-Aug-2023) 1m Lookahead (19-Sep-2023) 3m Lookahead (13-Nov-2023) End of QMAS Year (31-Mar-2024)

Name	Population Count	%	Target %	Points	Last Run
Diabetic Denominator Populations					
DM017 - Patients aged 17 or over on the diabetes register	635	8%	0%	6/6	19-Aug-2023
DM014 - Newly diagnosed with diabetes referred to struc...	25	93%	90%	11/11	19-Aug-2023
DM033 - Diabetes no moderate/severe frailty BP 140/90 ...	339	61%	78%	5.85/10	19-Aug-2023
DM022 - Diabetes aged >= 40, no CVD, no moderate/se...	0	0%	90%	0/4	19-Aug-2023
DM023 - Diabetes with CVD, no haemorrhagic stroke, on ...	0	0%	90%	0/2	19-Aug-2023
DM006 - Diabetes and proteinuria or micro-albuminuria tak...	0	0%	97%	0/3	19-Aug-2023
DM020 - Diabetes no moderate/severe frailty IFCC-HbA1c...	169	31%	75%	0/17	19-Aug-2023
DM021 - Diabetes with frailty IFCC-HbA1c is 75 mmol/mol ...	46	58%	92%	1.56/10	19-Aug-2023
DM012 - Foot examination and risk clarification in the last ...	392	62%	90%	1.18/4	19-Aug-2023

Abbey Medical Centre
 GP Contract - QOF
 EMIS Library
 Barking & Dagenham Enterprise S&R

Batch patient messaging systems

Identify patients who have not had their foot check

Diabetes Footcare

Question 4

1. Who needs diabetes foot care
 - a. Only Patients with diabetes who have concerns with their feet
 - b. Type 2 diabetes patients
 - c. Type 1 diabetes patients
 - d. ALL diabetes patients

- Question 5
- How frequently are the diabetes foot checks needed
 - a. Quarterly
 - b. Six monthly
 - c. Annually